March 28, 2022

Maryland
DEPARTMENT OF HEALTH

March 2022 Maryland Primary Care Program Report

Summary

Reporting Period: January 2019 – March 28th 2022[a]

Statewide Statistics Current Year

373,599[d]
Medicare Benes in MDPCP (**<1%** vs 2021 YTD)

452,673[c]
Medicaid Enrollees in MDPCP practices (**+45%** vs End of 2020)

56,845[b]
Total Dual Eligibles (**+13%** vs End of 2020)

63
Total Track 1 Practices (**-196** vs Prior Year End)

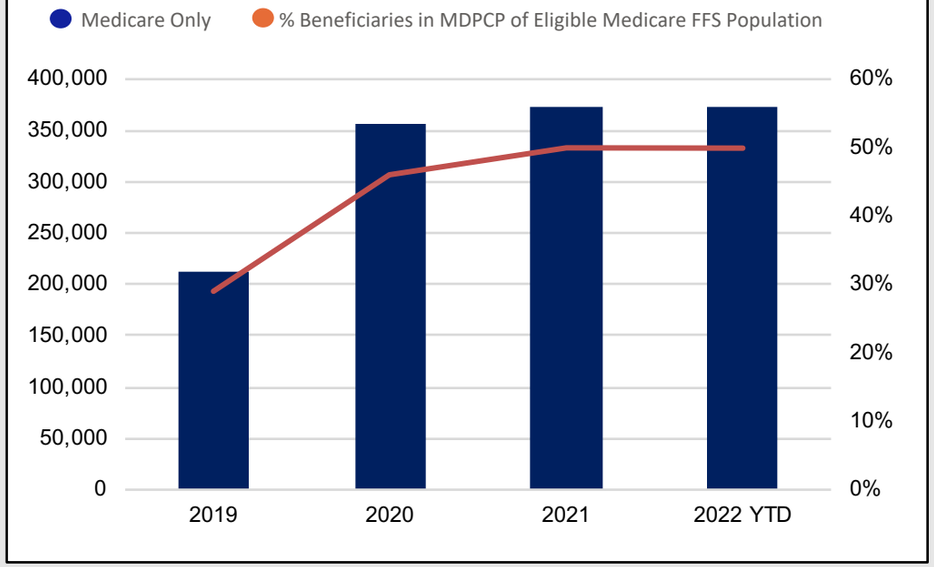
445
Total Track 2 Practices (**+179** vs Prior Year End)

508
Total Practices (**-17** vs Prior Year End)

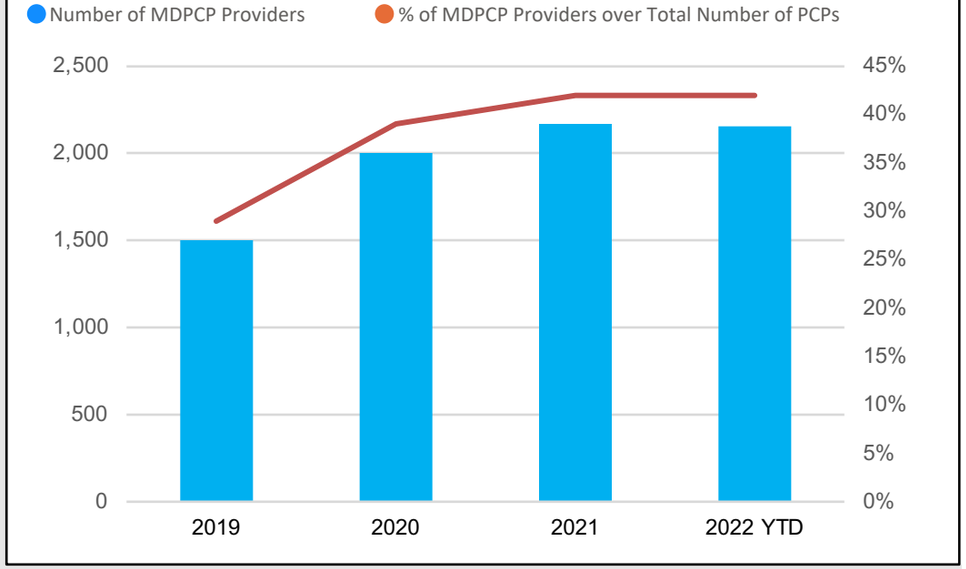
2,158[a]
Total Providers (**-8** vs End of 2021)

(a) Data are through March 2022.
(b) Data are through October 2021.
(c) Reporting period for all Medicare and Medicaid data are from 2019 to December 2021.
(d) Including dually eligible beneficiaries in MDPCP.
(e) Medicaid enrollees in MDPCP are Medicaid enrollees who received or are receiving MDPCP services. Dually eligible individuals are excluded.

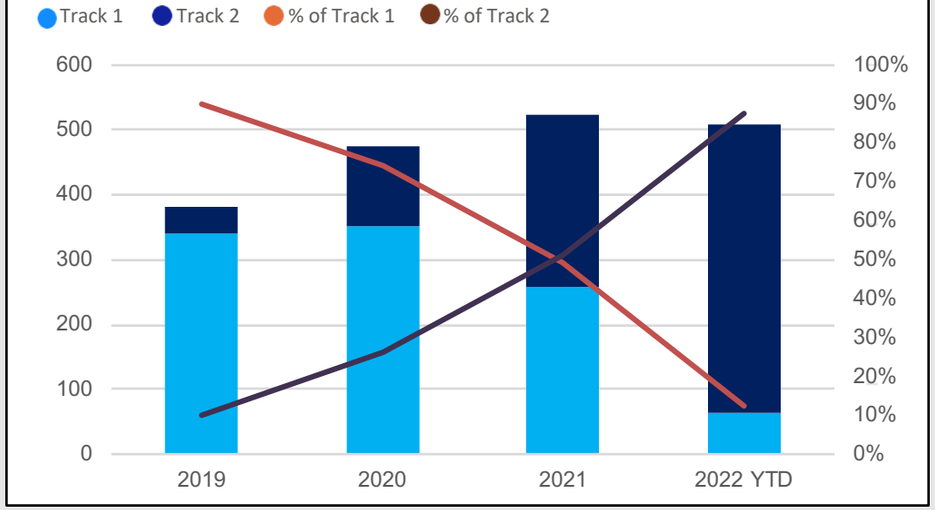
Medicare FFS Beneficiaries in MDPCP as % of Eligible Medicare FFS Population[a]



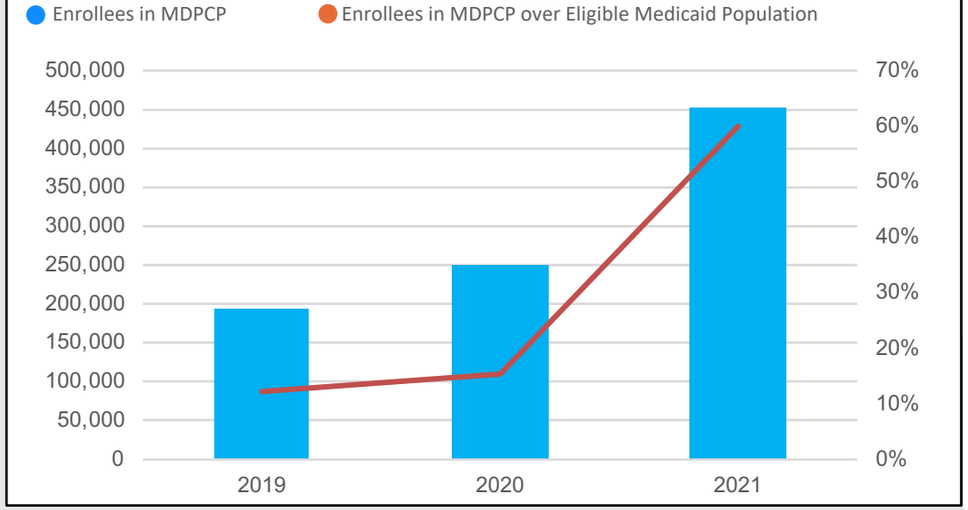
MDPCP Providers as % of Total Number of Primary Care Providers in Maryland



Number of MDPCP Practices by Track 1 and Track 2



Medicaid Enrollees in MDPCP as % of Eligible Medicaid Population[b][d]



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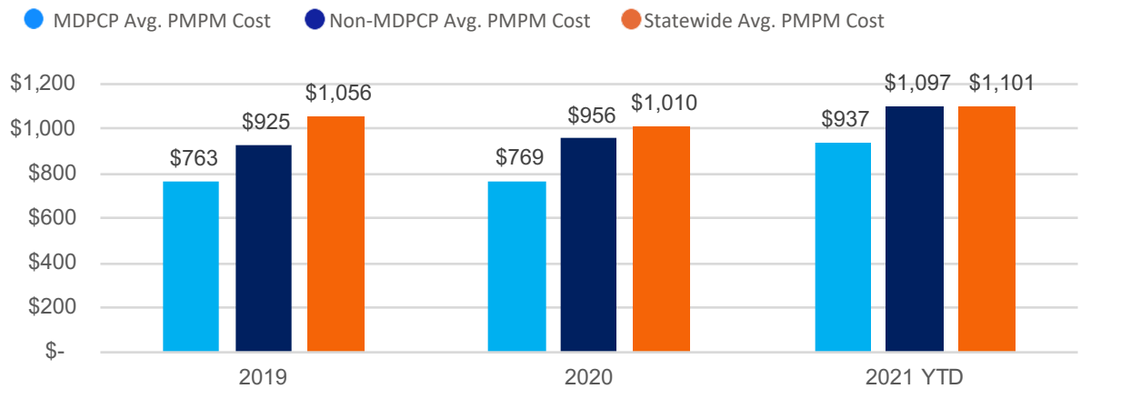
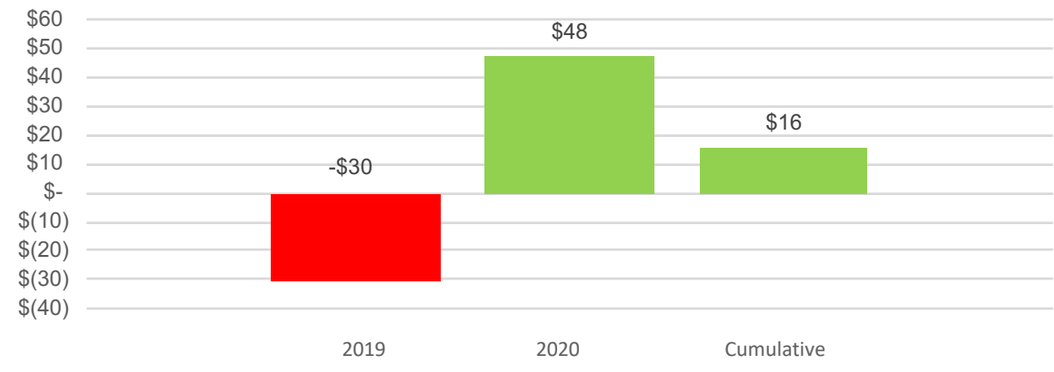
Cost Savings and COVID-19 Statistics

Reporting Period: January 2019 – March 28th, 2022

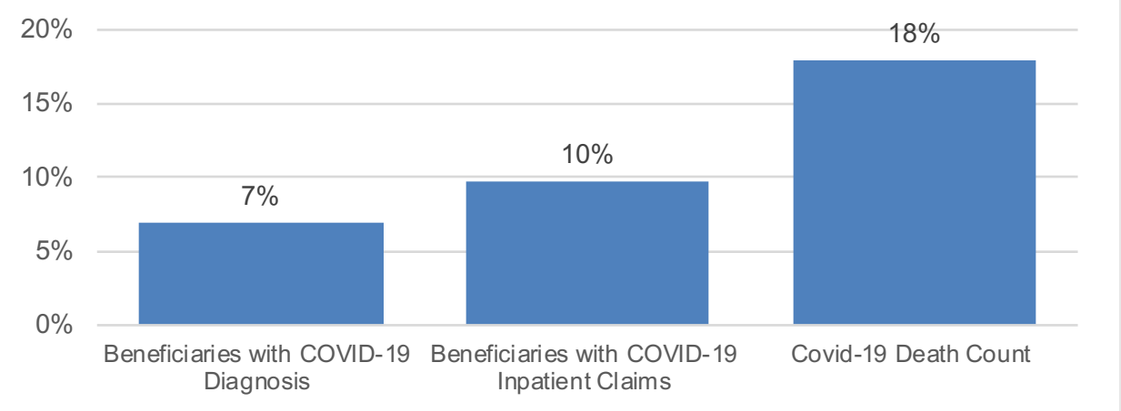
Medicare Average PMPM Cost for MDPCP, Comparable Non-MDPCP, and All Practices Statewide [a] [e]



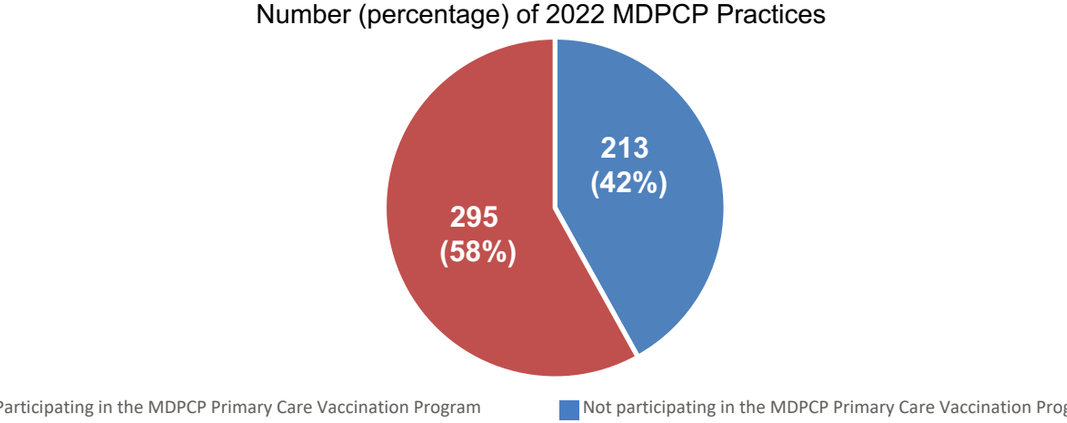
HSCRC Difference-of-Differences In Costs (Cost Savings in Millions)[b] [f]



Reduction in Adverse Outcomes Associated With MDPCP Participation Relative to Comparison Group[a]



Status of 2022 MDPCP Practices' Participation in the Primary Care Vaccination Program[g]



(a) Comparable Non-MDPCP practices represent primary care practices that do not participate in the MDPCP program but serve patients who are demographically comparable to those served by MDPCP practices.

(b) These data represent cost savings calculated by HSCRC (after care management fees) that can be attributed directly to MDPCP.

(c) The difference in rates are statistically significant at the 5% level. More information can be found here: https://www.milbank.org/publications/improving-covid-19-outcomes-for-medicare-beneficiaries-a-public-health-supported-advanced-primary-care-paradigm/

(d) Telehealth is the use of digital information and communication technologies, such as computers and mobile devices, to access health care services remotely and to manage health care.

(e) Data are through October 2021.

(f) Cumulative savings reflect the effects of compounding.

(g) Data last updated March 28, 2022.

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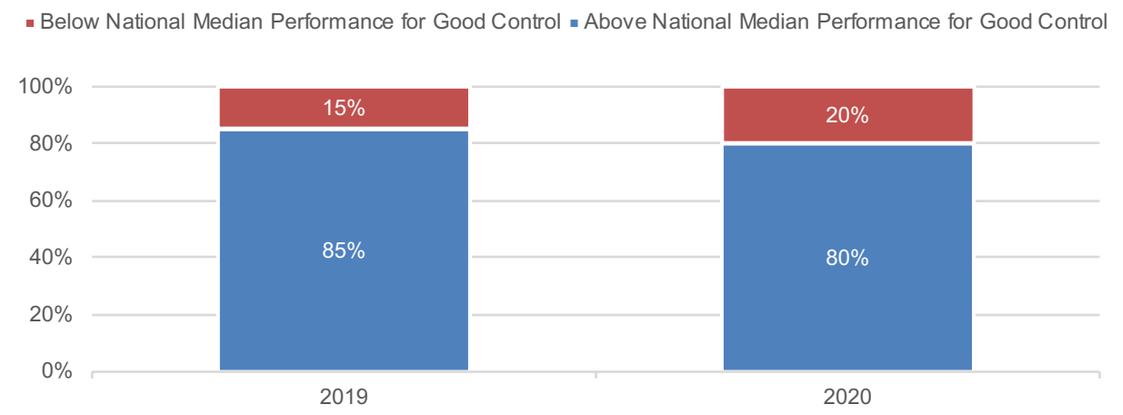
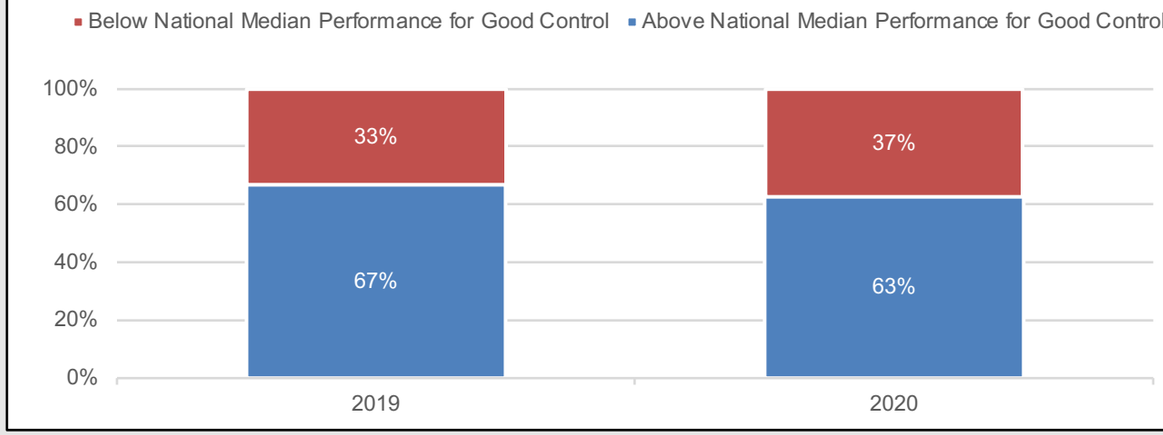
MDPCP Practices Quality

Reporting Period: January 2019 – March 28th, 2022

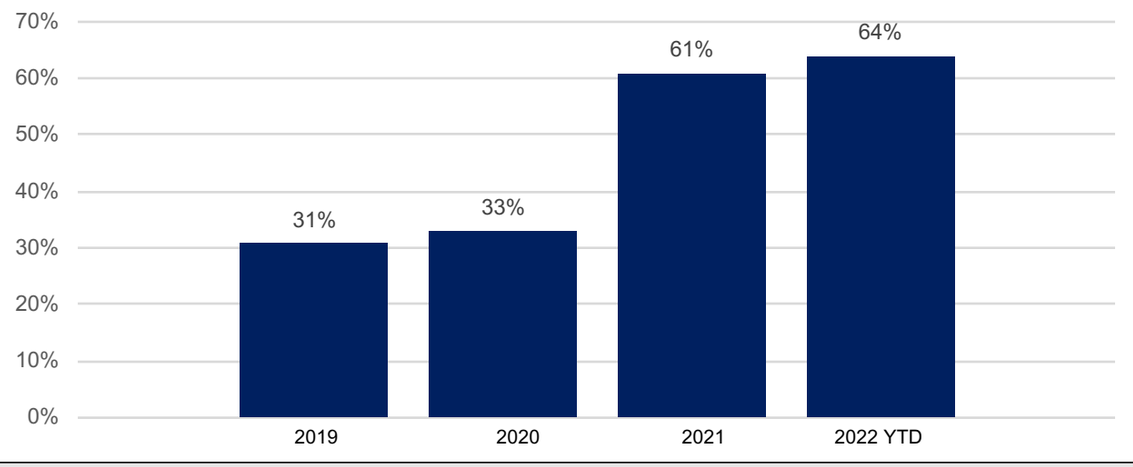
Percent of MDPCP Practices above the National Median in Controlling Diabetes [a]



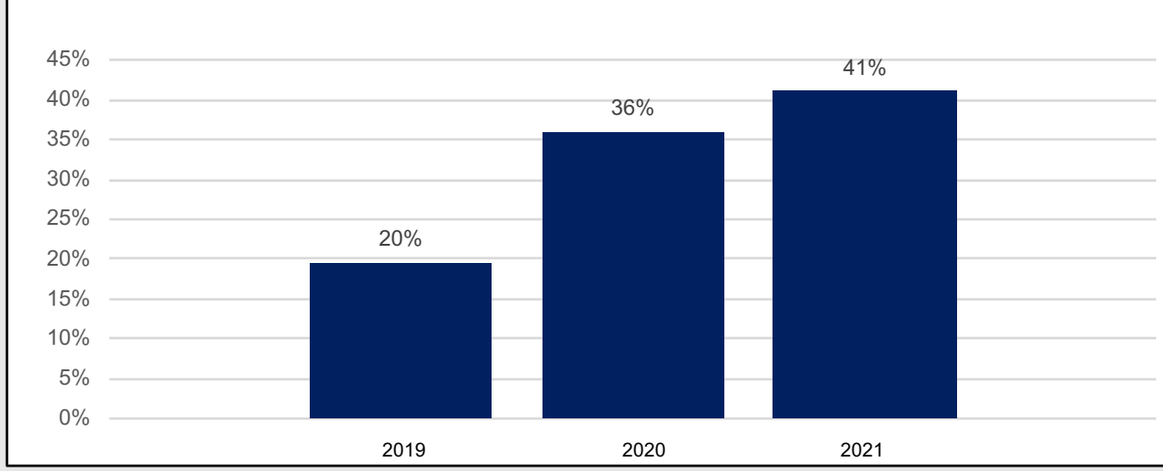
Percent of MDPCP Practices above the National Median in Managing Hypertension [a]



Percent of MDPCP Practices That Have Implemented SBIRT [b] [c]



MDPCP-Enrolled Dual Eligibles as % of Total Dual Eligibles [d]



(a) Based on MIPS (Merit-Based Incentive Payment System) reporting. A1C control is a method for treating and controlling blood sugar level for diabetes patients. Data are from 2020.

(b) SBIRT (Screening, Brief Intervention, and Referral to Treatment) is a best practice used to identify and refer to treatment people suffering from substance use disorder (SUD).

(c) Data are through March 28 2022.

(d) Data are through December 31, 2021.

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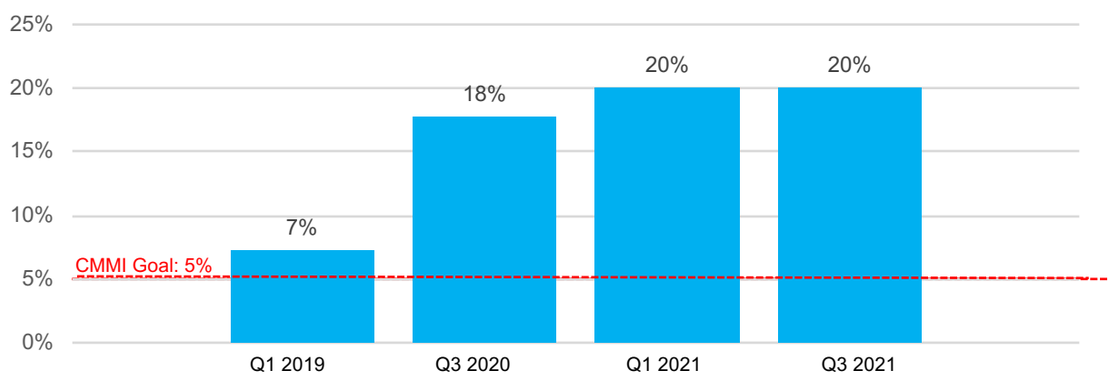
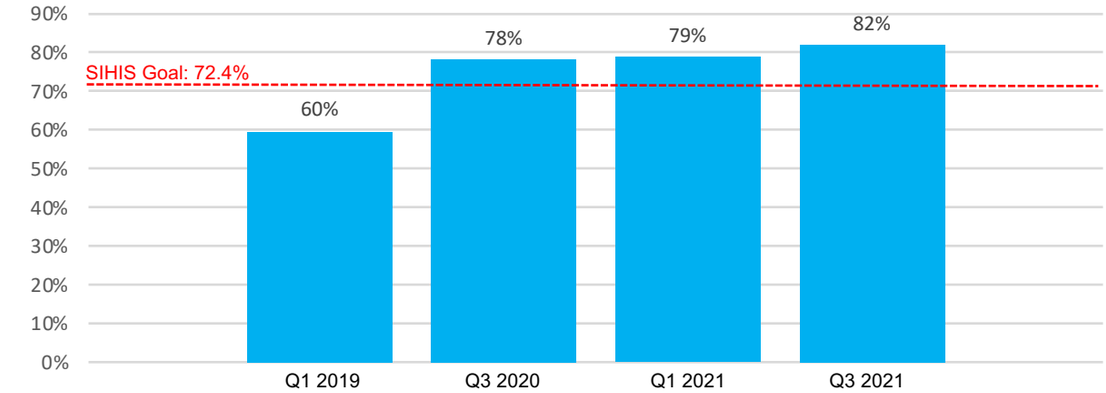
MDPCP Practices Follow Up

Reporting Period: January 2019 – March 28th, 2022

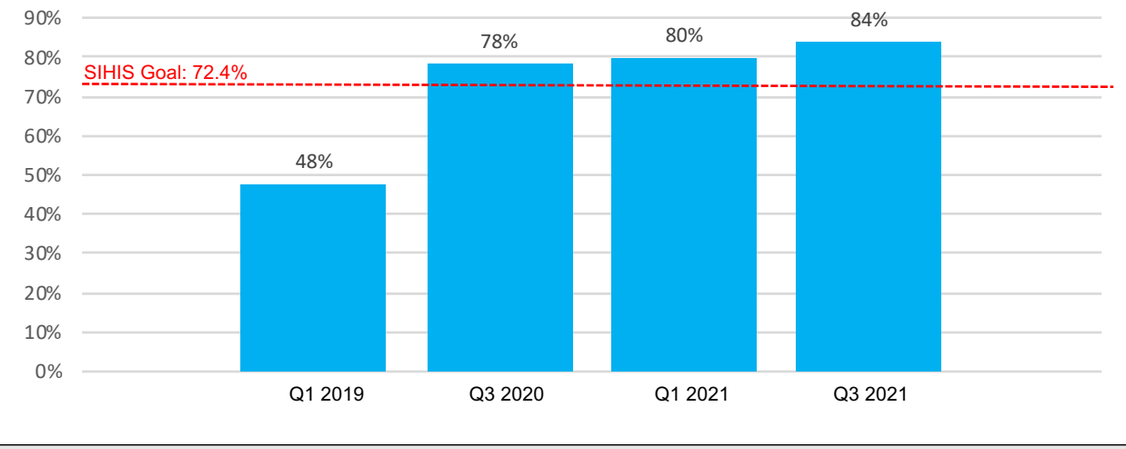
Percent of Beneficiaries under Longitudinal Care Management [a]



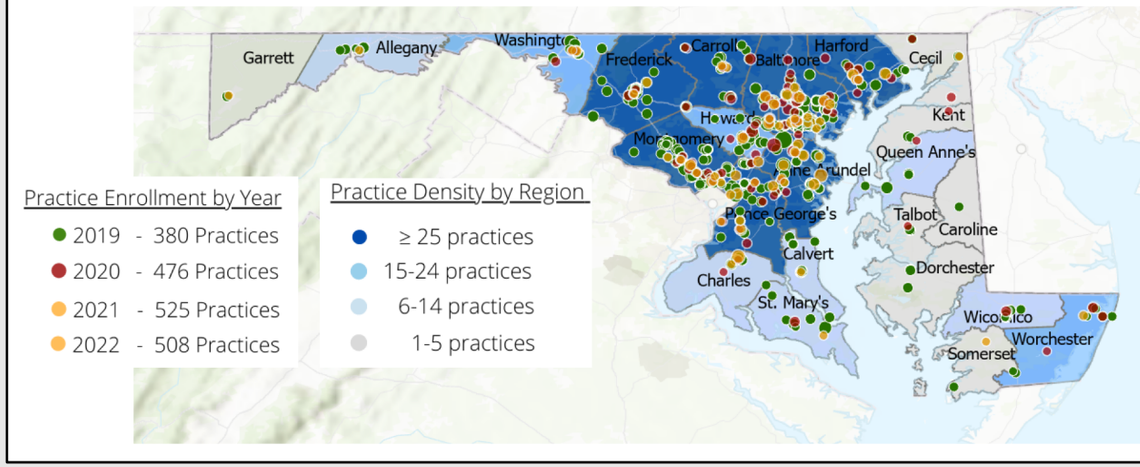
Percent of Beneficiaries with Follow-up after Hospital Admissions within Two Business Days [b]



Percent of Beneficiaries with Follow-up after Emergency Department Visits within One Week [b]



MDPCP Practice Locations by Zip Code [c]



(a) CMMI (Centers for Medicare & Medicaid Services Innovation Center) develops and tests new healthcare payment and service delivery models to improve patient care and reduce costs.

(b) SIHIS (Statewide Integrated Health Improvement Strategy) is designed to engage state agencies and private-sector partners to collaborate and invest in improving health, addressing disparities, and reducing costs.

(c) Green represents the MDPCP practices that enrolled in 2019, red represents those that enrolled in 2020, orange represents those that enrolled in 2021 and practices that remained enrolled in 2022.